

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREJAMES R. RUNYON

Plaintiff

V.

ATTY. GEN. JOSEPH R. BIDEN III

Defendant(s)

et. al.

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 08-029

I, JAMES R. RUNYON

declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant
 ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 3)If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTER *BD scanned*
1181 PADDOCK RD. SMYRNA, DE. 19777Inmate Identification Number (Required): # 00271554Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	<input type="radio"/> Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	<input checked="" type="radio"/> Yes	<input type="radio"/> No
f. Any other sources	<input type="radio"/> Yes	<input checked="" type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. MY FAMILY SENDS ME TWENTY DOLLAR MONEY ORDERS OR SOME-TIMES FIFTY DOLLAR MONEY ORDERS ONCE A MONTH

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4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

NONE

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

1-15-08
DATE


SIGNATURE OF APPLICANT

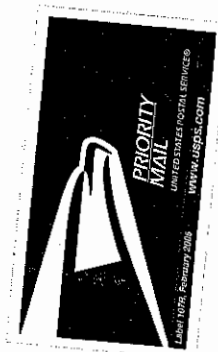
NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

MS JAMES A. K...
SBI# 271554 UNIT 170-10

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977



Clerk of the U.S. District Court for Delaware
844 KING ST.
LOT BOX 18
WILMINGTON, DE.
19801

ALL (1 of 2)

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: James R. Runyon SBI#: 271554
 FROM: Mercedes Vallin
 RE: 6 Months Account Statement
 DATE: 12/31/07

Attached are copies of your inmate account statement for the months of
July 2007 to December 2007

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>July</u>	<u>33.53</u>
<u>Aug</u>	<u>32.43</u>
<u>Sept</u>	<u>26.97</u>
<u>Oct</u>	<u>42.39</u>
<u>Nov</u>	<u>16.37</u>
<u>Dec</u>	<u>35.12</u>

Average daily balances/6 months: \$ 31.14

Attachments

CC: File

Mercedes Vallin
12/31/07

Cured for me
12/31/07

Individual Statement From July 2007 to December 2007

Date Printed: 12/31/2007

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SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	Ending Month Balance:
00271554	RUNYON	JAMES	R		\$24.93	\$84.01
Current Location:	17	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	7/2/2007	\$5.99	\$0.00	\$0.00	\$30.92	450629		REFUND	
Canteen	7/17/2007	(\$4.88)	\$0.00	\$0.00	\$26.04	456948			
Mail	7/24/2007	\$20.00	\$0.00	\$0.00	\$46.04	461023	08739624789		M GRABOWSKI
Canteen	8/1/2007	(\$46.01)	\$0.00	\$0.00	\$0.03	464113			
Mail	8/7/2007	\$60.00	\$0.00	\$0.00	\$60.03	467478	20032236602		MARTHA GRABOWSKI
Canteen	8/14/2007	(\$10.86)	\$0.00	\$0.00	\$49.17	471300			
Pay-To	8/22/2007	(\$30.00)	\$0.00	\$0.00	\$19.17	475731			
Canteen	9/4/2007	\$1.20	\$0.00	\$0.00	\$20.37	480951			
Medical	9/7/2007	\$0.00	(\$4.00)	\$0.00	\$20.37	483487			
Medical	9/7/2007	(\$4.00)	\$0.00	\$0.00	\$16.37	483680			
Mail	9/10/2007	\$20.00	\$0.00	\$0.00	\$36.37	484256	08301948053		M GRABOWSKI
Canteen	9/11/2007	(\$4.99)	\$0.00	\$0.00	\$31.38	484511			
Canteen	9/25/2007	(\$3.78)	\$0.00	\$0.00	\$27.60	489974			
Pay-To	10/1/2007	(\$1.00)	\$0.00	\$0.00	\$26.60	493714			
Canteen	10/10/2007	(\$4.98)	\$0.00	\$0.00	\$21.62	497772			
Mail	10/12/2007	\$20.00	\$0.00	\$0.00	\$41.62	499552	10779393993		S GRABOWSKI
Mail	10/12/2007	\$40.00	\$0.00	\$0.00	\$81.62	499646	08778284013		M GRABOWSKI
Canteen	10/23/2007	(\$48.99)	\$0.00	\$0.00	\$32.63	503883			
Pay-To	10/24/2007	(\$20.00)	\$0.00	\$0.00	\$12.63	505065			
Canteen	11/6/2007	(\$4.96)	\$0.00	\$0.00	\$7.67	510158			
Mail	11/13/2007	\$50.00	\$0.00	\$0.00	\$57.67	512755	08778284668		M LEABOWSH
Pay-To	11/14/2007	(\$35.00)	\$0.00	\$0.00	\$22.67	514253			
Canteen	11/20/2007	(\$4.97)	\$0.00	\$0.00	\$17.70	515774			
Supplies-MailPosta	11/29/2007	\$0.00	\$0.00	(\$1.14)	\$17.70	520320			
Supplies-MailPosta	11/29/2007	\$0.00	\$0.00	(\$0.97)	\$17.70	520363			
Pay-To	11/29/2007	(\$5.00)	\$0.00	\$0.00	\$12.70	520433			
Supplies-MailPosta	11/29/2007	(\$1.14)	\$0.00	\$0.00	\$11.56	521402			
Supplies-MailPosta	11/29/2007	(\$0.97)	\$0.00	\$0.00	\$10.59	521433			
Canteen	12/4/2007	(\$4.84)	\$0.00	\$0.00	\$5.75	522998			
Mail	12/6/2007	\$20.00	\$0.00	\$0.00	\$25.75	524532	11475591118		S GRABOWSKI
Mail	12/11/2007	\$20.00	\$0.00	\$0.00	\$45.75	526078	200453201718		M GRABOWSKI

Individual Statement From July 2007 to December 2007

Date Printed: 12/31/2007

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$24.93
00271554	RUNYON	JAMES	R		Ending Month Balance:	\$84.01
Current Location: 17					Comments:	

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	12/18/2007	(\$4.99)	\$0.00	\$0.00	\$40.76	528659			
Pay-To	12/20/2007	(\$25.00)	\$0.00	\$0.00	\$15.76	530708		MICHELLE HITCHEN	
Supplies-MailPosta	12/20/2007	\$0.00	\$0.00	(\$1.64)	\$15.76	530853		11/22/07	
Pay-To	12/21/2007	(\$6.75)	\$0.00	\$0.00	\$9.01	531078		DST COPIES	
Mail	12/26/2007	\$25.00	\$0.00	\$0.00	\$34.01	532984	1147593425		C GRABOWSKI
Mail	12/27/2007	\$50.00	\$0.00	\$0.00	\$84.01	533639	08749145492		M GRABOWSKI
					Ending Month Balance:				
					\$84.01				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: (\$1.64)